

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

107540759

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		/		
4		2		/		
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30		0		/		
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35		0		/		
36		0		/		
37		/	/			
38	/		/			
39		/		/		
40		/		/		
41		6		/		
42		6		/		
43		6		/		
44		0		/		
45						
46						
47						
48						
49						
50						
TOTAL IND.	7		7			
TOTAL DEP.	62		37			
TOTAL CLAIMS	69		44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						